

Best Available Copy
ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | D.B. | 2205 | 8-24-99 |
| O.I.P.E. CLASSIFIER | | 10 | 3-29-99 |
| FORMALITY REVIEW | | 7147 | 4/7 |

INDEX OF CLAIMS

| | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 11 | 11 | 11 | 08/12/00 |
| 12 | 2 | | |
| 13 | 3 | | |
| 14 | 4 | | |
| 15 | 5 | | |
| 16 | 6 | | |
| 17 | 7 | | |
| 18 | 8 | | |
| 19 | 9 | | |
| 20 | 10 | | |
| 21 | 11 | | |
| 22 | 12 | | |
| 23 | 13 | | |
| 24 | 14 | | |
| 25 | 15 | = | |
| 26 | 16 | ✓ | |
| 27 | 18 | | |
| 28 | 19 | | |
| 29 | 20 | | |
| 30 | 21 | | |
| 31 | 22 | | |
| 32 | 23 | | |
| 33 | 24 | | |
| 34 | 25 | | |
| 35 | 26 | | |
| 36 | 27 | 0 | |
| 37 | 28 | ✓ | |
| 38 | 29 | ✓ | |
| 39 | 30 | = | |
| 40 | 31 | ✓ | |
| 41 | 32 | = | |
| 42 | 33 | = | |
| 43 | 34 | = | |
| 44 | 35 | ✓ | |
| 45 | 36 | 0 | |
| 46 | 37 | 0 | |
| 47 | 38 | ✓ | |
| 48 | 39 | ✓ | |
| 49 | 40 | | |
| 50 | 41 | | |
| | 42 | | |
| | 43 | | |
| | 44 | | |
| | 45 | | |
| | 46 | | |
| | 47 | | |
| | 48 | | |
| | 49 | | |
| | 50 | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | | | |
| 52 | | | |
| 53 | | | |
| 54 | | | |
| 55 | | | |
| 56 | | | |
| 57 | | | |
| 58 | | | |
| 59 | | | |
| 60 | | | |
| 61 | | | |
| 62 | | | |
| 63 | | | |
| 64 | | | |
| 65 | | | |
| 66 | | | |
| 67 | | | |
| 68 | | | |
| 69 | | | |
| 70 | | | |
| 71 | | | |
| 72 | | | |
| 73 | | | |
| 74 | | | |
| 75 | | | |
| 76 | | | |
| 77 | | | |
| 78 | | | |
| 79 | | | |
| 80 | | | |
| 81 | | | |
| 82 | | | |
| 83 | | | |
| 84 | | | |
| 85 | | | |
| 86 | | | |
| 87 | | | |
| 88 | | | |
| 89 | | | |
| 90 | | | |
| 91 | | | |
| 92 | | | |
| 93 | | | |
| 94 | | | |
| 95 | | | |
| 96 | | | |
| 97 | | | |
| 98 | | | |
| 99 | | | |
| 100 | | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | | | |
| 102 | | | |
| 103 | | | |
| 104 | | | |
| 105 | | | |
| 106 | | | |
| 107 | | | |
| 108 | | | |
| 109 | | | |
| 110 | | | |
| 111 | | | |
| 112 | | | |
| 113 | | | |
| 114 | | | |
| 115 | | | |
| 116 | | | |
| 117 | | | |
| 118 | | | |
| 119 | | | |
| 120 | | | |
| 121 | | | |
| 122 | | | |
| 123 | | | |
| 124 | | | |
| 125 | | | |
| 126 | | | |
| 127 | | | |
| 128 | | | |
| 129 | | | |
| 130 | | | |
| 131 | | | |
| 132 | | | |
| 133 | | | |
| 134 | | | |
| 135 | | | |
| 136 | | | |
| 137 | | | |
| 138 | | | |
| 139 | | | |
| 140 | | | |
| 141 | | | |
| 142 | | | |
| 143 | | | |
| 144 | | | |
| 145 | | | |
| 146 | | | |
| 147 | | | |
| 148 | | | |
| 149 | | | |
| 150 | | | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)